Longer, healthier lives for all the people in Croydon

NHS Croydon Clinical Commissioning Group

Cancer Strategy 2014-19

November 2014

1. Executive Summary

The JSNA data shows that Croydon's performance is still worse than the England average and the trend data shows that more of the cancer indicators have deteriorated rather than improved in the last 1-3 years with cancer incidence and deaths as an emerging issue. Breast cancer screening rates and incidence of prostate cancer are particular challenges for Croydon and the incidence of breast cancer and deaths from prostate cancer are highlighted as emerging issues. Additionally there is evidence of variation in care and deterioration against the 62 day waiting time standard for first treatment following GP referral, currently 76.8% against the 85% threshold. Patient experience indicators have also been poor in some areas and although showing some signs of improvement there is more that needs to be done.

Significantly improving cancer outcomes for the people of Croydon is therefore a key focus for this strategy and a challenge that Croydon CCG are committed to address over the next five years.

This strategy therefore in addition to painting the picture of the current status of cancer services in Croydon makes a number of recommendations to transform cancer services around prevention, screening, early detection, reducing variation in care and improving patient experience.

It is important to acknowledge that advances in cancer changes rapidly, so the action plans that evolve will be developed with the appropriate flexibility to adjust to this fast changing scene.

Strategic Context

Croydon is a vibrant outer London borough with an ethnically diverse population and faces major change in the coming years. Current health trends, changes in the make up of our local population, variations in the quality of health services provided, and our financial challenge mean that we need to transform the health landscape. The Cancer Strategy is set within this context.

Croydon CCG's Vision is to achieve 'Longer, healthier lives for all' and we will only deliver this by working with the diverse community of Croydon, using our resources wisely, to transform and provide safe, sustainable, high quality, patient centred services. We will achieve this through our strategic objectives which are:

- To achieve financial sustainability in five years
- To commission safe, high quality services in the right place and the right time
- To have collaborative relationships with other commissioners and with providers to ensure an integrated approach
- To develop as a mature membership organisation

Every year more than 30,000 Londoners will be diagnosed with cancer; in Croydon this translates to approximately 1,500 people per year. We know that both nationally and locally one year survival rates compare poorly to our European counterparts in the main because of late stage diagnosis.

As stated above arising from the Strategy key challenges and areas for focus include:

- Prevention;
- Improving early detection;
- Reducing variation in care;
- Improving breast screening rates for women and addressing the emerging issue of increased incidence of breast cancer;
- Addressing the increased incidence and emerging issue of increased deaths from prostate cancer;
- Inequality in life expectancy between areas of deprivation;
- Achievement of waiting time standards;
- Improving patient experience.

There are three key issues that have been identified as blockages to achieving early detection:

1) Public delay
2) GP delay
3) System delay

Understanding what this means for the people of Croydon is pivotal to making the improvements in outcomes that we want to achieve for people with cancer.

Whilst early diagnosis is an extremely important aspect of delivery, we are passionate about ensuring that we do as much as possible to prevent people from developing cancer in the first place. We know that the risk of developing cancer can be greatly affected by lifestyle choices and environmental factors.

A partnership approach is highlighted to tackle the health issues associated with smoking, obesity, alcohol misuse, lack of exercise and poor diet and we will work with colleagues in Public Health, Mental Health, health and social care and community groups to systematically address this growing problem.

Our five year strategy will prioritise breast, prostate, lung and colorectal cancers in line with the national strategy.

Croydon CCG recognises that there are a number of agencies involved in the commissioning of cancer services. As a CCG our responsibilities lie with:

- Early detection
- Survivorship
- Common cancers
- Cancer waits

See Diagram 1 below which shows the respective commissioning responsibilities of the different agencies:

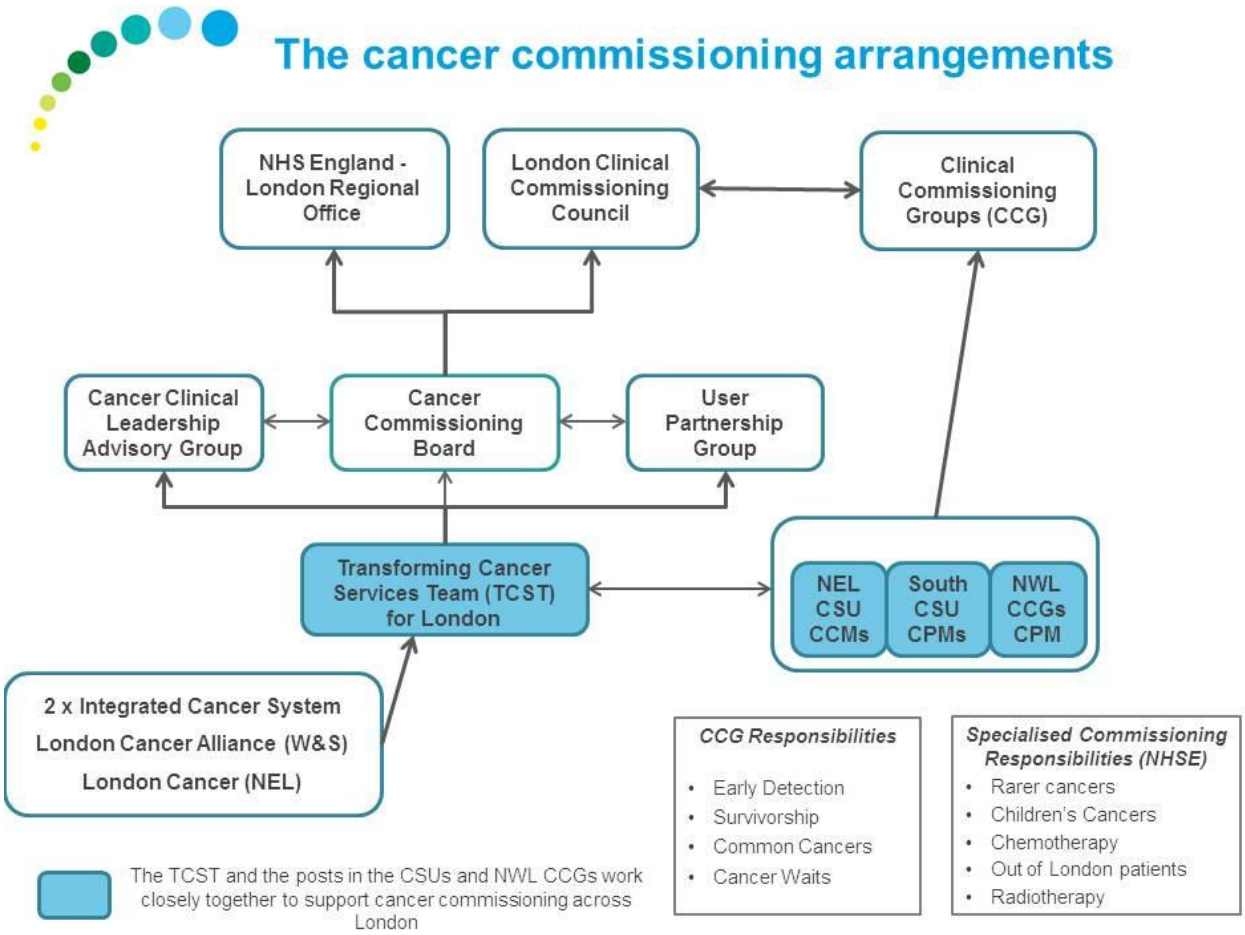


Diagram1

Commissioning intentions

In addition, Croydon is also committed to the commissioning intentions that we hold as part of the South West London Commissioning Collaborative. These are in line with a number of the national and regional cancer priorities and quality standards. Opportunities also exist for joint or collaborative commissioning with neighbouring CCGs which will be explored thoroughly.

Croydon CCG recognise that in order to achieve its ambition for improving outcomes, a cultural shift is needed both in terms of changing the *perception* of cancer to being viewed as a long term condition and importantly tackling the inequalities in our community and variations in care that are prevalent throughout the patient journey. Harnessing other areas of good practice in this regard will optimise the outcomes for people affected by cancer and benefits for our community overall and we will work collaboratively with key stakeholders and partners in the community to achieve our aim. These tenets lie at the heart of this strategy.

Recommendation

The Governing Body is asked to:

- To confirm the main principles within the draft strategy for Croydon
- To agree the ethos of the strategy that cancer is a ‘long term condition’
- To agree the focus of tackling variation in care and inequalities as central to the strategy
- To ensure sufficient clinical leadership to progress the strategy as outlined in section 9.
- To approve the formation of a Cancer Strategy Development and Implementation Group to include key stakeholders from primary care, Public Health, local charities, patient representatives, Croydon Health Services (CHS), local authority to support the development of the Croydon Cancer Strategy, with support from the Transforming Cancer Service Team, (TCS)
- To take forward the recommendations noted under the ‘Key Issues’ at section one of the covering paper.

2. Better outcomes for people with cancer in Croydon: Introduction

Croydon Clinical Commissioning Group's Cancer strategy translates the key national and London cancer priorities into a framework that underpins a strategic response that meaningfully meets the needs of the people of Croydon.

The highest context for this strategy is to improve survivorship for cancer patients and importantly forms a central plank in the CCG's vision 'for *all* the people of Croydon to live longer, healthier lives'. Therefore the CCG's ambition is to change the perception of cancer and associated culture of working from what has traditionally been viewed as automatically leading to end of life- to being embedded as a long term condition that could have the *potential* to lead to end of life care in some circumstances.

Alongside the rest of London, Croydon aims to achieve significant, measurable improvements in outcomes for patients, including the saving of additional lives currently lost to cancer, improved patient experience and effective use of financial resources. This will be achieved through a collaborative, clinically-led**,** patient-centred approach, maximising the effectiveness of pan-London strategic leadership.

Cancer is one of four top priorities for outcome improvement across London and represents one of the top three causes for premature mortality across Croydon CCG. Survival rates, which although are good in places across Croydon relative to England, vary with poorer one year survival from colorectal cancer. Also in the UK survival rates are still some way behind international and European best[1]. It is the ambition of Croydon to achieve European and international best survival rates equating to approximately 70 lives saved per year through the following initiatives.

1. Cancer services are being transformed through work with the London Cancer and London Cancer Alliance – NHS, academic health science centres, the Pan London Transforming Cancer Services Team (TCST) and voluntary sector partnerships and a Cancer Commissioning Board.

2. Priorities for the cancer programme in London include localising and supporting the implementation of the Cancer Commissioning Strategy for London 2014/15 – 2019/2020[2] which was produced in partnership between NHS England (London), London's CCGs, Public Health England, the Integrated Cancer systems and charity partners, which sets out a plan to boost cancer services, enhance patient experience and raise survival rates.

3. Croydon will look to develop strong alliances with these agencies and as mentioned before translate the national and London strategies to support the implementation of robust and fit for purpose practices that assist us in achieving better outcomes.

In line with the national strategy this approach is aligned with the NHS '*Transparency in Outcomes*'[3] framework. Specifically:

- *Domain 1 Preventing people from dying prematurely*
- *Domain 2 Enhancing the quality of life for people with long term conditions*, in order to drive the direction of change

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213785/dh_123394.pdf

[2] http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2014/01/lon-canc-comm-strat.pdf

[3] Department of Health (2010)Transparency in Outcomes: NHS Outcomes Framework 2011/12

Both domains are areas that attract much needed improvement. This in turn strengthens the approach for commissioning and delivery of services as well as the improvement in outcomes we wish to achieve and the experience of the patient throughout their whole treatment journey.

Breast, lung, colorectal and prostate cancers account for over half of newly diagnosed cases of cancer in England each year[4].

In Croydon our commissioning priorities are:

- Breast
- Prostate
- Lung
- Colorectal

As per the Five Year Cancer Commissioning Strategy for London[5], these have been highlighted as the most common cancers in London where the potential impact is greatest.

In line with the national and London priorities, the key sections within the Cancer Commissioning Strategy are:

- Prevention
- Cancer screening
- Early diagnosis and awareness
- Reducing variation and service consolidation
- Chemotherapy
- Radiotherapy
- Patient experience
- Living with and beyond cancer
- End of life care

Each of these areas will be addressed in turn throughout the strategy.

Commissioning responsibilities- *See diagram 1 page 6*

Croydon CCG recognises that there are a number of agencies involved in the commissioning of cancer services. As a CCG our responsibilities lie with:

- Early detection
- Survivorship
- Common cancers
- Cancer waits

[4] Improving outcomes; a strategy for cancer; third annual report
[5] Five Year Commissioning Strategy for London 2014/15-2019/20; March 2014

2.1 Commissioning intentions for 2015/2016

There are 16 pan-London cancer commissioning intentions proposed to support the delivery of the Pan London Cancer Strategy and to reduce variation across providers as follows:

1. All GPs to have direct access to colonoscopy for low risk, not no risk of cancer via a diagnostic service.
2. All GPs to have direct access to diagnostic services - flexible sigmoidoscopy for low risk, not no risk of cancer.
3. All GPs to have direct access to diagnostic services - non-obstetric ultrasound for low risk, not no risk of cancer.
   3a. In order to promote the earlier diagnosis of ovarian cancer, services will be commissioned to support Ultrasound (US) and CA125 concurrently (CA 125 is a blood test to check for the cancer antigen which in itself is not a definite indicator for ovarian cancer which is why an ultra should also be undertaken.
4. All GPs to have direct access to same day chest x-ray for high risk of cancer and access for low risk, not no risk of cancer.
   4a. In order to support the reduction of the risk of delayed diagnosis, all commissioned services will be required to formally report A&E, Urgent Care Centres and inpatient chest x-rays (CxR).
5. All commissioned cancer services will participate in the National Cancer Peer Review Programme (NCPR) or other quality assurance programme as defined by commissioners.
6. All cancer services commissioned will be required to demonstrate robust treatment decision making through MDT.
7. All lung cancer services will be commissioned in line with best practice through a timed pathway.
   7a. Endobronchial US (EBUS) services are commissioned to an agreed service specification and tariff.
8. All breast cancer services will be commissioned in line with best practice through a timed pathway and follow up in line with the National Cancer Survivorship Initiative (NCSI).
9. All services for prostate cancer will be commissioned in line with NICE guidance through a timed pathway with follow up in line with the NCSI.
10. All services for colorectal cancer (CRC) will be commissioned in line with NICE guidance through a timed pathway with follow up in line with the NCSI.
11. Agree and implement service consolidation plans – providers will work with their ICS and commissioners to implement the cancer Model of Care.
12. All cancer services will be commissioned to deliver the recovery package as described in the NCSI.
13. Services will be commissioned to manage some of the consequences of anti- cancer treatment.
14. NEW Services will be commissioned to provide pathways for the management of treatment-related fertility issues.
15. NEW Services will be commissioned for the management of those with a family history of moderate risk breast cancer to a pan-London specification.
16. NEW Services for the provision of Metastatic Spinal Cord Compression (MSCC) will be commissioned in line with NICE QS56.

The CCG will work with other commissioners and providers in order to take these forward.

2.2 Specialist Services:

In addition, Croydon will implement the London Cancer Commissioning strategy as follows:

- Chemotherapy commissioning strategy (working collaboratively with NHS England Specialised service commissioners).
- Radiotherapy commissioning strategy (working collaboratively with NHS England Specialised service commissioners).

2.3 Linkages to local strategies

The strategy will also ensure that appropriate linkages have been made with other important local strategies such as the:

- South West London commissioning collaborative strategy,
- Prevention self- management shared decision making strategy

2.4 National Cancer Survivorship Initiative

In August 2014 a new living with and beyond cancer programme is being developed as a two year partnership between NHSE and McMillan as part of the National Cancer Survivorship Initiative. Their findings will be implemented into NHS commissioning and service provision.

Croydon CCG welcomes this initiative which will provide fundamental support for the direction of travel for this strategy.

3. The Croydon context

In order to identify the challenges and priorities for Croydon, it is important to understand the population/demographics of Croydon and how this connects with the issues associated with cancer.

Local data such as the Croydon Joint Strategic Needs Assessment (JSNA), the General Practice Profiles and Transforming Cancer Alliance intelligence have been utilised to build a picture of these issues.

What does the JSNA in Croydon tell us about cancer in Croydon?

The Croydon JSNA combines a key dataset, which shows how Croydon compares with London and England across a wide range of indicators related to health and wellbeing, with a small number of chapters on key topic areas. Cancer was selected as one of the key topic areas.

Over two hundred indicators were included and grouped into headings; cancer has been included in the Healthy Life chapter (see Appendix One). This also provides contextual information regarding life expectancy and health inequalities and self- reported well being which have been included here.

There are a large number of indicators on cancer in the dataset and the trend data shows more indicators have deteriorated rather than improved in the last 1-3 years. Of particular

note are the breast cancer screening and prostate cancer incidence rates which are highlighted as challenges and the breast cancer incidence and deaths from prostate cancer which are highlighted as emerging issues.

The following is a summary of the data set:

All cancers

Indicator 161: **Spend per head on cancers**

Croydon is in the lowest 25% for spend on cancers and tumours per head and lower than the London and England averages. The trend columns indicate that compared to 3 years ago, Croydon's performance is deteriorating in relation to other CCGs.

Indicator 164: O**ne year cancer survivorship for people aged 15-99**. Overall, the trend for Croydon's performance for 1 year ago and 3 years ago in relation to one year cancer survivorship for people aged 15-99, early deaths considered preventable for people aged under 75 is worsening compared to other CCGs.

Breast Cancer

Indicator 176- Breast screening rate

Croydon is performing significantly worse than the England average, but holds a similar position to the London average. Trends for 1 year ago and 3 years ago is getting worse compared to other local authorities.

Indicator 177- Incidence of breast cancer

Performance is not significantly better than the England average, slightly better than the London average, however the 1 year ago trend and 3 years ago trend is getting worse compared to other local authorities

Indicator 178- Deaths from breast cancer

Performance generally mirrors the England average. The trend for 1 year ago and 3 years ago is getting worse in relation to other local authorities.

Prostate Cancer

Prostate cancer 181 – Incidence of prostate cancer

Worse than the England average and showing deterioration over the last year

Indicator 182 – Deaths from prostate cancer

Currently within the England average range but showing deterioration over the 3 year and 1 year trend

Lung Cancer

Indicator 173- Incidence of lung cancer

Performance is significantly better than the England average and is improving compared to other local authorities in relation to 3 years ago trend.

Indicator 174- Deaths from lung cancer

Performance is significantly better than the England average however the trend for 1 year ago and 3 years ago is worsening over time compared to other local authorities.

Colorectal Cancer

Indicator 171- Colorectal cancer, Incidence of colorectal cancer:

Performance is not significantly different from the England average; slightly better than the London average and in terms of the 3 years ago trend is improving compared to other local authorities.

Indicator 172 -Deaths from Colorectal cancer:
Performance is not significantly different from the England average and is in the middle 50% of local authorities; the Croydon rate is equal to the London average. The trend for 1 year ago and 3 years ago is improving compare to other local authorities.

What does the General Practice Profiles 2013 tell us?

Data on the identification of cancers in primary care illustrates the variation between and within CCGs. The graphs at Appendix Two show this quite clearly. More work is need to understand the causes of these variations and what we can do to address them through our Variation in Primary Care Strategy.

The General Practice Profiles at Appendix Three provide useful information around the variations across Croydon's six networks in demography, prevalence of disease, activity and quality of care. The networks cover the following localities:

1. Mayday
2. Thornton Heath
3. East Croydon
4. Woodside/Shirley
5. Purley
6. New Addington/Selsdon

The data highlights the areas where each network is significantly different from the Croydon average or where performance is well below target.

A snapshot of this data illustrates:

Challenges exist regarding cancer screening in Mayday, Thornton Heath, East Croydon and specifically breast cancer screening in New Addington, Fieldway, Selsdon and Woodside /Shirley. These areas typically experience high levels of deprivation, population of over 50% black and minority ethnic groups and high unemployment. In addition New Addington/Selsdon experience significantly high referral rates in relation to the cancer two week wait standard.

Whilst Purley has a high prevalence of cancer, the network has performed well in relation to cancer screening coverage. Purley is noted as an affluent area and is performing better in relation to cancer screening.

The snapshot highlights issues raised about the links between cancer and lifestyle and environmental factors and clearly evidences a need for action.

The practice profile provides useful learning and evaluation for the network to assess the issues in the borough and develop appropriate collaborative responses to them. This approach has been highlighted in the London strategy.

Summary of key points from the JSNA and GP Practice Profiles

The data indicates strongly that lifestyle and environmental factors can greatly affect the incidence of cancer. The CCG will be proactive in tackling these issues that go beyond health and social care boundaries and recognise that to effect the greatest change, this needs to be facilitated through a partnership approach**.** Action will be taken to address the following issues:

- Life satisfaction has deteriorated over the last year;
- Fieldway and New Addington experience high referral rates in relation to the cancer two week wait standard;
- Lack of intelligence regarding the Black and minority ethnic community experience in Croydon

4. Key areas of focus

4.1 Prevention

Evidence strongly suggests that lifestyle and environmental factors such as smoking, obesity, alcohol (misuse), poor life chances, deprivation and overall quality of life can greatly affect the incidence of cancer. These factors need to be taken into account when taking action in relation to prevention.

In order to meet the ambition to save more lives, preventing more cancers from developing and diagnosing them at an earlier stage is essential.

43% of cancers are attributed to lifestyle and environmental factors[6] which provides a good opportunity to prevent people from developing cancer in the first place. Evidence suggests that one third of all those diagnosed in the UK each year are caused by smoking, unhealthy diet, excess weight and alcohol[7]; smoking in particular is the most important risk factor for cancer. 90% of lung cancers are associated with smoking.[8] Significant action to address this is to prevent young people from starting to smoke in the first place.

The role of Primary Care provides a key opportunity to coordinate care to achieve better outcomes. Central to this will be joint work between CCGs, Health and Wellbeing Boards and other local stakeholders such as schools, further education establishments and local authorities.

CCGs and Local Authorities will commission well-evidenced prevention programmes to tackle factors such as smoking, unhealthy diets, alcohol and excess weight, which cause one third of all cancers diagnosed in the UK each year.

Alcohol attributable admissions and deaths are higher for women. The data highlights that though Croydon's performance in relation to alcohol attributable admissions and deaths in women are less than the England and London average, the trends are worsening over time. This will also have an impact on the incidence of cancer.

Obesity in 10/11 year olds is notably higher than in 4/5 year olds. The trend for 1 year ago in relation to 4-5 year olds who are excessively overweight is positive and improving compared

[6] Five year commissioning strategy for London 2014/15-2019-2020
[7] ibid
[8] ibid

to other local authorities. However, worryingly, the performance is significantly worse for 10-11 year olds compared to the England average and the trend for 3 years ago is getting worse compared to other local authorities. This indicates that education and interventions around healthy eating and regular exercise may be having a positive impact on the younger cohort, however older children are already on the trajectory for becoming obese. There may also be a link to the increase in the number of fast food outlets.

Smoking performance is overall positive and moving in the right direction regarding the general prevalence and smoking prevalence in people with long term conditions.

More needs to be done in relation to preventing smoking attributable hospital admissions and deaths. Though the trend is better than the England average, the 1 year ago and 3 years ago trends are worsening over time compared to other local authorities.

Health checks offered and received performance is significantly worse than both the London and England average. These factors may have a direct correlation with screening and early detection of cancer. It also highlights the importance of people being seen at the right time, right place, and at the first time provided with accessible and good quality information along with the need for appropriate signposting and onward referral.

The emerging issues for Croydon where Croydon's performance is similar to the England average and where recent trends show deterioration will lead to challenges if the current trend continues.

4.2 Screening

Cancer screening is an important way to detect cancer early. Introducing evidence based screening programmes is essential to improving access to screening for all groups. Since the publication of the strategy, the ' Be Clear on Cancer' awareness campaigns have been launched to highlight symptoms of a range of cancers and to encourage people with relevant symptoms to visit their GP.

Breast screening is now being extended to women aged 47-49 and 71-73. Bowel cancer screening is being extended to men and women aged 70-75 years old.

Screening and symptom awareness is an important role for GPs which can have an impact on early detection. Although GPs only see 8 or 9 patients with cancer every year, they see many patients who may have symptoms that could be cancer. Access to diagnostic tests and closer liaison with colleagues in secondary care are key actions to take this forward.

Commissioners will improve the take-up of national screening programmes through closer working with the screening hub. Screening uptake rates for bowel cancer across London are all below the England target of 60%. The most recent data available demonstrates that uptake for bowel cancer screening across Croydon CCG is significantly below the England target at 42.7% ranging from 38.7% to 55.8% in 2013. This is against a London average of 38.5% .Commissioners, GPs and the screening programmes will all need to work closely together if uptake rates are to improve. Commissioners will also support the roll-out of Bowel Scope, the new bowel cancer screening for those people who are on or around 55 years old and join-up the pathway from screening to treatment. In addition, we will consider potential opportunities over the lifetime of the strategy for the co-commissioning of screening if appropriate.

4.3 Earlier detection of cancer in the community

Earlier diagnosis holds the greatest potential to improve survival and mortality rates amongst patients diagnosed with cancer. There are a number of reasons as to why people delay presenting to a doctor when they have cancer symptoms. These include a lack of awareness of signs and symptoms, fear of the diagnosis or difficulties in getting a GP appointment. Delays between initial presentation of the patient and initial diagnosis is also a factor. Therefore tackling attitudes and increasing awareness remains the key factor to initiate the start of effective cancer treatment.

Much of the local work has focussed on initiatives such as improving GP recognition and awareness of signs and symptoms, disseminating information about the national Be Clear on Cancer campaigns to GPs, pharmacies and other local healthcare settings and supporting practices to gain a deeper understanding of the demographics in their local population.

Three aspects have been identified as blockages to achieving early detection:

Public delay

A number of factors affect people's early diagnosis. This ranges from inability to make a GP appointment to fear of what the GP may find.

Awareness campaigns such as 'Be Clear on Cancer' which are funded by Public Health England, has been one approach to raising public awareness and understanding of signs and symptoms; with raising breast cancer awareness in women aged 70 and over a key priority.

'Get to know cancer' high street campaigns are also assisting to provide information in a non- clinical environment, facilitated by cancer nurses and volunteer cancer activists trained to talk about common signs and symptoms and targeting fear that people have about seeing their GP if they think something is wrong. Evidence suggests that the campaign has encouraged people to talk more openly about cancer.[9]

Further exploration is needed as to how the wider community of professionals can be effectively engaged and utilised to disseminate information to the public to raise awareness.

GP delay

Equipping GPs with information and tools to support them to identify signs and symptoms and refer appropriately is essential to improving early diagnosis. The Practice Profile data provides a useful resource for GPs to understand cancer prevalence in their area.

Direct access diagnostics such as Chest X ray and non- obstetric ultrasound, as highlighted in the national strategy, is another step change in addressing this issue.

System delay

Lack of capacity in secondary care also plays a vital role in delaying diagnosis. Waiting times for endoscopy vary from six to thirteen weeks and vary in quality. This has led to poorer outcomes for people with bowel cancer compared to our counterparts in Europe.

[9] Evaluation of the Get to Know Cancer pop up shop initiative; 2013, Kings College/ Commissioning for London strategy?

The one year survival for a newly diagnosed cancer patient is significantly reduced if the cancer is diagnosed through an emergency route. The implications being that cancers are being picked up too late.

CCG	% of new cancer diagnosis through an emergency route Jul-Dec 2012
Croydon	22.2%
Merton	22.3%
Lewisham	18.8%
Barking and Dagenham	29.2%
Brent	23.6%
All England	20.5%

Source: NCIN Cancer commissioning toolkit

What does this data mean?

The most recent data from the national cancer intelligence network (NCIN) demonstrates across Croydon percentages are higher than the all England average but it is comparable to some similar CCGs. Thus Croydon's performance in relation to the number of people that are diagnosed via an emergency route needs more focussed attention to understand the reasons that are contributing to this performance. Commissioners will look to bring this more in line with the England performance and to understand what has been successful in neighbouring CCGs such as Lambeth. However in order to improve survival rates to be in line with European and International levels there is still more work to be done over and above this initial ambition.

For patients to benefit from the impact of having an earlier stage diagnosis of their cancer there needs to be a focus on developing prepared patients (aware of the key signs of cancer) and prepared, alert professionals. The community of professionals that can signpost people to their GPs includes nurses, dentists and pharmacists among others. More nurses will inform the over 70s about the benefits of voluntarily accessing the breast screening programme. Health Care Assistants and Public Health staff such as Health Trainers will be trained to promote cancer awareness.

Linking with evidence based national cancer awareness campaigns, local authorities and Public Health colleagues, Croydon will aim to target higher risk populations with specific interventions. Commissioners will ensure high visibility of national campaigns in communities and primary care.

Working with Croydon Local Education and Training Board, TCST and Cancer Research UK, a professional's cancer learning needs analysis tool will be evaluated. The results will help shape the educational and training needs of Croydon front line clinical staff.

5. Reducing variation in the management of cancer

What does the data tell us?

There is variation in the management of cancer in Croydon. For example, the table below illustrates the level of variation in Croydon with regards to the treatment of lung cancer (those in red are below the audit recommendations). This means that Croydon's performance in relation to the number of people identified early for lung resection is nearly 20% below St George's and the reasons for this need to be more fully understood.

CROYDON Trust	% of early stage non small cell lung cancer resected	Lung cancer active treatment rates
Croydon	36%	54.9%
St Georges	60%	72.3%
National	52%	61%

Source: The National Lung Cancer Audit 2013 report (2012 patient cohort)

In order to reduce this variation, commissioners will use provider contracts to improve hospital performance, such as increasing resection rates for lung cancer, and follow best practice on the treatment of lung cancer and bowel cancer in order to reduce variation in outcomes. Commissioners will work with London Cancer pathway boards and the TCST to understand this variation.

Lung cancer

Resection can increase lung cancer survival. The timeliness of this intervention is linked to early detection as it depends on the stage of diagnosis. Over 70s are apparently less likely to receive active treatment for lung cancer. Consistency of care is needed to ensure that the elderly receive the treatment that is appropriate for their needs.

Breast cancer

Variations exist in terms of length of stay in hospital for women undergoing a 23 hour mastectomy and women being offered immediate reconstruction.

Colorectal cancer

Variations exist for patients in terms of length of stay and readmission to hospital following a resection for colorectal cancer. The average length of stay can range from seven to twenty-three days, with emergency readmission ranging from 8% to 30% across the London Cancer Alliance.

In addition commissioners will seek to reduce variation in cancer outcomes across primary care. We will also seek to implement the best practice commissioning pathways and clinically agreed protocols and for providers to demonstrate compliance with NICE Improving Outcomes (IOG) and the requirements of the National Cancer Peer Review programme. Croydon will adopt Royal College recommendations on waiting and reporting times for diagnostic tests. We will also ensure that the impact on cancer services is considered when any key strategic changes are planned.

Variations in access to radiotherapy, cancer drugs, appropriate care in chemotherapy and associated waiting times are all key areas that need to be addressed. Further analysis will be undertaken to benchmark Croydon's position across all aspects of variation in both primary and secondary care.

Reducing inequalities

Inequalities occur at every stage of the patient journey and can affect a range of different groups including older people, black and minority ethnic communities.

Nationally, the 2011 publication '*Improving Outcomes: A Strategy for Cancer*'[10] states that older people do not always receive the same standard of cancer care as younger people. Croydon CCG, through the integrated cancer system, will look to understand and reduce this variation across their population. Croydon CCG would expect Multi-Disciplinary Team (MDT's) to consider all aspects of an individual when planning treatment decisions (for example, overall health, comorbidities, quality of life and not just chronological age), demonstrated through audit and the national peer review process.

Initiatives to improve intervention rates for people over 70 who have a cancer diagnosis will be progressed as well as work with BME charities to understand the underlying reasons for the poorer patient experience amongst the BME community.

Improving access to services

In addition to localising and implementing the Cancer Commissioning Strategy for London, Croydon will also seek to use contracts to improve access to some cancer services; alongside the rest of London, specifically:

- **Breast Cancer***:* we will adopt the 23 hour pathway as the standard approach for surgery, unless there is clinical reason to justify exception, and ensure that access to reconstructive surgery be provided in a timely manner. This has been seen to have a positive effect on patient experience. One stop triple assessments will be accessible for our population in line with NICE guidance and the London Cancer breast cancer service specification.

- **Colorectal Cancer***:* we will ensure that the rates of laparoscopic surgery are performed at levels of at least the national average, and that where teams are below average, action plans are provided to commissioners to achieve this. In addition commissioners will monitor length of stay to ensure that trusts are following enhanced recovery programmes where appropriate. The national colorectal cancer audit 2013[11] suggests that if there is widespread adoption of enhanced recovery programmes it would mean that discharge home after 5 days would become the accepted "ideal" in defining the length of stay after colorectal cancer resection.

- **Cancer of the Unknown Primary and Acute Oncology Services***:* Commissioners will use contracts to ensure that all trusts with an A&E department have Acute Oncology and Cancer of the Unknown Primary Services that are in line with NICE guidance and peer review. Faster treatment for these patients with significant needs and shorter lengths of

[10] *Improving Outcomes: A Strategy for Cancer;* Department of Health, 2011 (http://www.epaac.eu/from_heidi_wiki/UK_Annual_Report_2011.pdf)

[11] National Bowel Cancer Audit Report, 2013 (http://www.hscic.gov.uk/catalogue/PUB11105/nati-clin-audi-supp-prog-bowe-canc-2013-rep1.pdf)

hospital stay can be demonstrated. For those who have implemented these services, commissioners would look for a reduction in length of stay for both those newly diagnosed and those with an emergency admission of cancer.

6. Living with and beyond cancer

The numbers of people living with **cancer as a long term condition** is increasing, and is expected to double by 2020. Therefore, we will improve support and care coordination for the people of Croydon living with and beyond cancer.

There are a number of issues to be considered with regard to people who are living with and beyond cancer. As improvements progress in early detection, the number of people living with and beyond cancer will increase. By 2030 it is predicted to increase to 400,000[12]. Supporting people with this situation is comparable to any other long term health issue; however, comorbidities may arise from certain cancer treatments such as heart disease and osteoporosis.

Macmillan in partnership with the Department of Health has developed a framework: National Cancer Survivorship Initiative[13] (NCSI) in March 2013. The framework details a 'Recovery Package' that includes a holistic assessment (importantly a psychological assessment of need is also included), a care plan, treatment summary and attendance at an education and information event (health and well being event).

It is anticipated that the recovery package will not only improve outcomes but also increase efficiency savings as there will be less need for follow up appointments. It should also have a positive impact on the onset of other health issues and cancer recurrence. The NCSI also recommended 'risk stratification'; that all patients should be assessed as to their risks of developing further complications or disease. This process would identify only those people who can safely self manage without attending hospital for follow up appointments.

This pathway has already been piloted for breast, lung, colorectal and prostate cancers. Commissioners will expand the roll-out of an integrated Recovery Package for all patients at the end of active treatment, which will include a full holistic assessment of their needs, a care plan, and an education and information event to help people to manage their condition and promote healthier lifestyles, in line with the National Cancer Survivorship initiative (NCSI).

A Whole Systems Integrated Care programme may be one approach to improving care for people living with and beyond cancer, as people living with cancer are one of the key patient cohorts. This will need support from primary and community care to empower individuals to self-manage in the community.

7. End of life care for people with cancer

Palliative care services have developed well around the needs of people with terminal cancer, however the recognised disease trajectory for people with cancer is changing. The delineation between curative treatment and palliative care is less well defined introducing the

[12] Five year commissioning strategy for London

[13] NCSI Living with and beyond cancer; taking action to improve outcomes; March 2013

uncertainties experienced by those with advanced non-malignancy. This uncertainty introduces challenges in managing care, and there has never been a greater need for clinical teams to anticipate and plan care as well as support patients and families and provide them with information.

Commissioners will commission a new proven system that co-ordinates care for people at the end of their life and supports them to die in their chosen place.

The Contracting Services Unit (CSU) is leading on the fast track pathway in palliative care which has increased the number of people who have had their needs met with dying in their home.

This is an initiative that may support improvements in this area. Croydon will need to develop its understanding in this area with a view to it being a viable service progression in relation to people with cancer coming to the end of their lives.

Current activity

In Croydon we have a well-developed programme of Gold Standards Framework, started back in 2008, which enables the multidisciplinary team to discuss current care issues as well as plan for anticipated future care needs. This has been supported by a Local Enhanced Service, which this year has been incorporated into the Practice Development and Delivery Scheme. Communication of wishes, preferences and advance decisions is facilitated by the availability of London's Electronic Palliative Care Coordination System – Coordinate My Care (CMC). CMC enables communication of essential information between providers which is particularly helpful when urgent healthcare assistance is required. There has been slow uptake of CMC by General Practice across London and the Croydon position is relatively better with 36% coverage. CMC is routinely used by all specialist palliative care service providers and it is important that we continue to improve on this performance. The CMC site is currently under review and it is hoped that with improved functionality there will be greater adoption by generalist clinicians.

Future development

A review of the GSF process has shown that clinicians continue to find advance care planning challenging. As a result the End of Life Care (EoLC) Board are currently undertaking a survey of GPs and community nurses to identify their knowledge, skills and support needs. The results will be used to inform a training needs review, which is top priority if Croydon is to continue to build on the previous years.

8. Improving the cancer patient experience:

Significantly improving patient experience is a key priority for the CCG. Croydon CCG recognise the importance of tackling the six key areas identified in the 5 year strategy to improve patient experience (Travel & Parking, Systems & Waiting Times, Staffing Levels, Behavioural Issues, Transition points between settings of care, Primary Care).

Achieving cancer waits is a fundamental part of having a high quality cancer service and this needs continued focus and so this will continue to be a priority for Croydon as long waits increase the anxiety of those diagnosed with Cancer and in general leads to a poorer patient experience.

The Cancer Patient Experience Survey 2013[14] provides a useful barometer of patient experience. This has been updated by the more recent Patient Experience Survey recently published in September 2014[15]. The table below provides a snapshot of some of the results.

Table 1: Performance of Croydon NHS Trust in comparison to the national performance in relation to breast cancer

Question	Cancer type	Croydon NHS Trust	National
Treated with respect and dignity	Breast	57%	86%
Patient had confidence and trust in nurses	Breast	57%	73%
Patients family had opportunity to talk to the doctor	Breast	47%	71%
Hospital staff gave patients information on financial help	Breast	43%	58%

Table 2: Performance of Croydon NHS Trust year on year scores- 2013 and 2014 comparison

Question	2013 performance	2014 performance
Patients given written information about side effects	68%	81%
Patients health got better/remained the Same whilst waiting	73%	84%
Staff explained completely what would be Done during the test	79%	89%
Patients had confidence and trust in all doctors Treating them	72%	91%

The tables illustrate encouraging improvements; however there are clear areas that need attention. More work is needed to analyse the trends in Croydon which will be translated into improvement plans.

9. Implementation

In order to take this strategy forward consideration needs to be given to ensuring the CCG has sufficient capacity to fulfil its role. As part of the implementation, it is recommended that a formal clinical leadership role is established within the CCG, building on the support previously provided by MacMillan.

The following recommendations are also proposed to take the strategy forward to develop a strategic approach to cancer in Croydon with our key partners.

- Continuation of current work on prevention, early detection, screening (including development of further screening opportunities), reducing inequalities and

[14] ibid
[15] National Cancer Patient Experience Programme; Croydon Health Services NHS Trust; September 2014

variation, improving patient experience and supporting people with living beyond cancer and the work around EoLC.

- The formation of a Cancer Strategy Development and Implementation Group with the Transforming Cancer Service Team, (TCS), key stakeholders across the CCG, primary care, Public Health, local charities, Croydon Health Services (CHS), local authority and MacMillan to support and drive the development of the Croydon Cancer Strategy and to address the Croydon key priorities.
- Development of GP/Nurse education and training programme for cancer, that aligns with current pathway development work and supports the CCG's commitment to primary care improvement of early diagnosis
- Membership of clinical steering groups e.g. prostate cancer and further work that may be carried out around the gastroenterology Locally Enhanced Service.
- Close working with the CLG where required to report on cancer strategy and achievements
- Close working and liaison with, the Prevention, Self-Care and Shared Decision Making Steering Group
- Liaison with Prostate Cancer UK (Cancer Commissioning Team have secured funding for them to improve primary care led support for stable prostate cancer patients) to establish work on Croydon's PSA pathway
- Liaison with Cancer Commissioning team for NW and South London
- Liaison with the EoLC GP Lead to ensure strategic alignment across teams and departments
- Liaison with mental health/psychological support teams on development of 'survivorship' strategy
- Work with CReSS and Clinical network leads on two week wait referrals, with attendance at network meetings as required
- Assess cancer pilots/strategies/best practice for incorporation into Croydon's Cancer Strategy

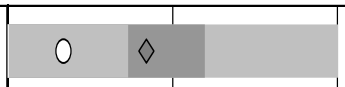
Suzett Polson

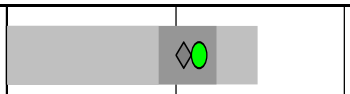
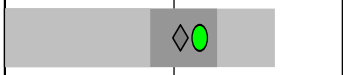
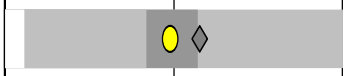
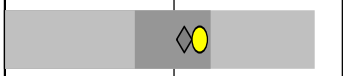
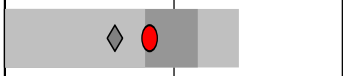
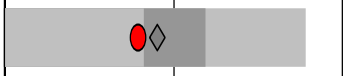
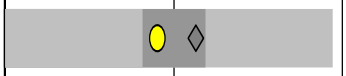
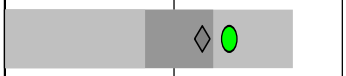
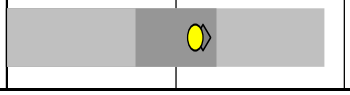
Pathways Redesign Manager

27th October 2014

Appendix One

Table 3 Spend per head and incidence of deaths per cancer type

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
All cancers	161 Spend per head on cancers and tumours	£68	£98	£107		–	◀	2012/13	n/a
	162 Two week wait cancer GP referrals (rate per 100,000 population)	1835	1628.4	2166		◀	no data	2012/13	n/a
	163 Incidence of all cancers (rate per 100,000 population)	381	370	391		◀	▶	2009 - 11	n/a
	164 One year survival from all cancers (% of people aged 15-99)	68.3%	67.6%	67.7%		◀	◀	2011/12	CCGOIS, NHSOF
	165 Early deaths from cancer (rate per 100,000 population aged under 75)	138.7	139.1	146.5		◀	◀	2010 - 12	CCGOIS, NHSOF, PHOF
	166 Early deaths from cancer considered preventable (rate per 100,000 population aged under 75)	79.6	81.5	84.9		◀	◀	2010 - 12	NHSOF, PHOF
Oesophageal cancer	167 Incidence of oesophageal cancer (rate per 100,000 population)	9.7	7.9	9.4		◀	◀	2009 - 11	n/a
	168 Deaths from oesophageal cancer (rate per 100,000 population)	6.1	6.4	8.1		–	–	2010 - 12	n/a
Stomach cancer	169 Incidence of stomach cancer (rate per 100,000 population)	7.2	7.5	7.7		▶	–	2009 - 11	n/a
	170 Deaths from stomach cancer (rate per 100,000 population)	5.1	4.9	4.8		◀	◀	2010 - 12	n/a
Colorectal cancer	171 Incidence of colorectal cancer (rate per 100,000 population)	44.7	42.9	48.4		–	▶	2009 - 11	n/a
	172 Deaths from colorectal cancer (rate per 100,000 population)	15.4	15.4	16.8		▶	▶	2010 - 12	n/a

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Lung cancer	173 Incidence of lung cancer (rate per 100,000 population)	40.1	43.9	46.2		–	▶	2009 - 11	n/a
	174 Deaths from lung cancer (rate per 100,000 population)	31.8	35.2	36.6		◀	◀	2010 - 12	n/a
Skin cancer	175 Incidence of all skin cancers (rate per 100,000 population)	76.7	70.1	126.0		◀	–	2009 - 11	n/a
Breast cancer	176 Breast screening rate (% of women aged 53-70)	69.2%	68.6%	76.3%		◀	◀	2013	PHOF
	177 Incidence of breast cancer (rate per 100,000 population)	126	118	125		◀	◀	2009 - 11	n/a
	178 Deaths from breast cancer (rate per 100,000 population)	22.7	23.6	24.2		◀	◀	2010 - 12	CCGOIS
Cervical cancer	179 Cervical screening rate (% of eligible women aged 25-64)	71.7%	68.6%	73.9%		◀	–	2013	PHOF
	180 Incidence of cervical cancer (rate per 100,000 population)	7.1	6.7	8.8		◀	▶	2009 - 11	n/a
Prostate cancer	181 Incidence of prostate cancer (rate per 100,000 population)	120	113	107		◀	▶	2009 - 11	n/a
	182 Deaths from prostate cancer (rate per 100,000 population)	24.7	22.4	23.7		◀	◀	2010 - 12	n/a
Bladder cancer	183 Incidence of bladder cancer (rate per 100,000 population)	8.9	10.1	11.3		▶	▶	2009 - 11	n/a
	184 Deaths from bladder cancer (rate per 100,000 population)	4.4	4.2	4.8		▶	▶	2010 - 12	n/a

Key to the data set:

The England range column of the Croydon Key Dataset enables users to assess Croydon's performance or levels of need in relation to England and London.

- Significantly worse/higher need than England average
- Not significantly different from England average
- Significantly better/lower need than England average
- No significance can be calculated

It illustrates the **average rate for England** for each indicator, shown by the vertical dark line running through the centre) and the range of results for all local authorities/CCGs in England.

The further to the **left of the column** that Croydon (the circle) lies, the 'worse' the performance, or the higher the need.

The **further to the right** of the column that Croydon lies, the 'better' the performance, or the lower the need.

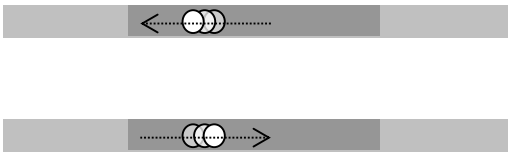
If the circle lies in the darker grey section in the middle of the England range column, Croydon lies in the middle 50% of values in England.

If the circle lies in the light grey area to the left of the dark grey bar, it is in the **worst 25%** (or 25% with highest need) in the country.

If the circle lies in the light grey area to the right of the dark grey bar, it is in the **best 25%** (or 25% with lowest need) in the country.

The 1 Year Trend and 3 Year Trend columns show the **direction of travel** over one and three years, where data is available.

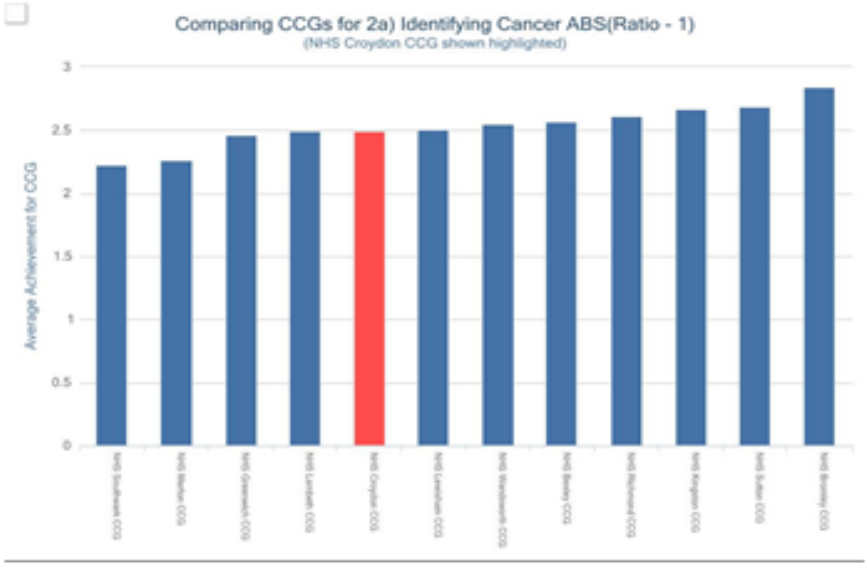
- ◀ Deteriorating relative to other local authorities in England
- ▬ Remaining similar to other local authorities in England
- ▶ Improving relative to other local authorities in England



The direction of travel is assessed based on the change in Croydon's percentile rank relative to other local authorities, combined with a greater than 1% change in the position of the circle on the spine, in the same direction as the change in the rank. A **red triangle** suggests deterioration relative to others, **green** an improvement, and a **dark line** little change.

Appendix Two

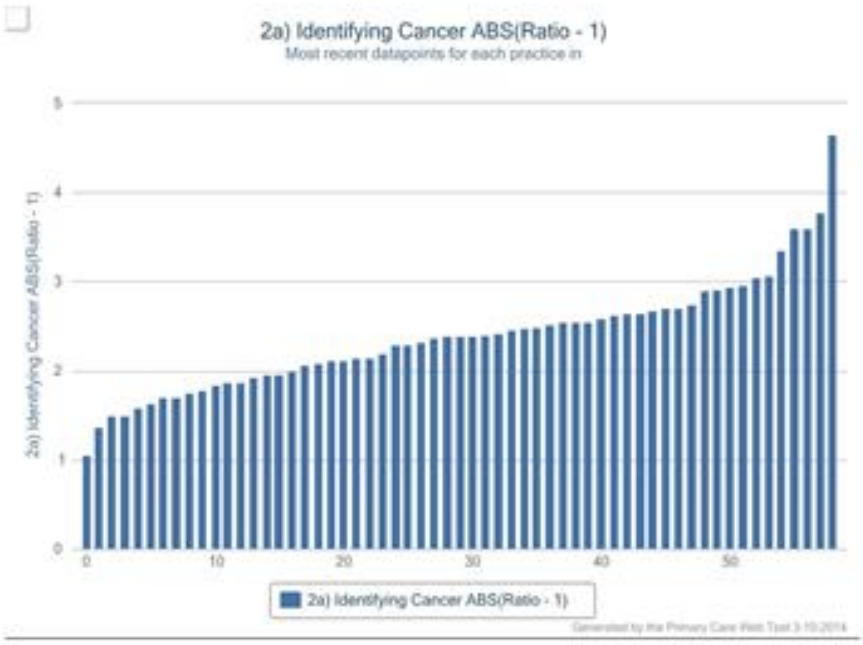
Croydon CCG compared to other CCG within the Area Team



www.england.nhs.uk

1

Practice variation within Croydon CCG for those General Practice Outcomes Standards where practice level data is available



www.england.nhs.uk

2

Appendix Three

Summary: Comparison of 6 GP Networks- GP Practice Profile

Mayday Population: • 77% black, asian and minority ethnic groups • High unemployment and high crime • High proportion of lone parent families • High prevalence of obesity in children aged 10-11 years and adults, and diabetes Achievements: • Prescribing quality indicators • Breastfeeding and smoking prevalence • Diagnosis of heart failure and diabetes **Challenges:** • Patient experience • Flu vaccine uptake; childhood immunisations • High A&E attendances and emergency admissions for over 65s • Diagnosis of atrial fibrillation and epilepsy • QOF indicators for PAD and COPD **• Cancer screening** Significantly high referral rates: • Orthopaedics/musculoskeletal, Podiatry/chiropody	**Thornton Heath** Population: • 68% black, asian and minority ethnic groups • Deprived area with high unemployment • High proportion of lone parent families • High prevalence of obesity in children aged 4-5 years and adults, severe mental illness, and diabetes Achievements: • Breastfeeding • Low A&E attendance and emergency admission rates (except for over 65s) • Diagnosis of diabetes **Challenges:** • Flu vaccine uptake; immunisations at 5 years • Diagnosis of dementia, CHD, atrial fibrillation, CKD and epilepsy **• Cancer screening** Significantly high referral rates: • Physiotherapy, Podiatry/chiropody
East Croydon Population: • High proportion aged 25-44 • 57% black, asian and minority ethnic groups • Deprived area with high crime rate • High proportion of nursing home residents • High prevalence of severe mental illness, smoking, and drug dependence Achievements: • Waiting time • Diagnosis of stroke/TIA **Challenges:** • High emergency admission rates (including for acute conditions and over 65s) • Flu vaccine uptake; childhood immunisations **• Cancer screening** • QOF indicators for diabetes, SMI and PAD • Assessment of severity for depression • Primary prevention of cardiovascular disease; diagnosis of hypertension Significantly high referral rates: • Podiatry/chiropody	**Woodside/Shirley** Population: • Demographics similar to Croydon average • 51% black, asian and minority ethnic groups • High prevalence of smoking, depression, hypertension, atrial fibrillation, COPD, asthma and CKD Achievements: • Diagnosis of atrial fibrillation, asthma, and CKD • Low A&E attendance rates **Challenges:** • Waiting time • Prescribing indicators • Flu vaccine uptake; immunisations at 5 years • Offering support for stopping smoking • Second assessment of severity for depression • Cholesterol ≤ 5mmol/l for patients with PAD **• Breast screening coverage** Significantly high referral rates: • Orthopaedics/musculoskeletal, Ophthalmology,

	Gastroenterology
Purley Population: • High proportion aged over 55 • 31% black, asian and minority ethnic groups • Affluent area • High proportion of care home residents • High prevalence of depression, dementia, CKD, circulatory diseases, cancer and hypothyroidism **Achievements:** • Patient experience • Prescribing indicators • Low emergency admission/A&E attendance rates • **Cancer screening coverage** • Diagnosis of dementia, CHD and atrial fibrillation Challenges: • Flu vaccine uptake for at-risk groups • Immunisations at 5 years • Diagnosis of diabetes and heart failure • Cholesterol ≤ 5mmol/l for patients with PAD Significantly high referral rates (top 3): • Physiotherapy, Urology, Paediatrics	**Addington/Selsdon** Population: • 29% black, asian and minority ethnic groups • Includes deprived and affluent areas • High proportion of older people living alone • High prevalence of smoking, drug dependence, adult obesity, circulatory diseases, cancer, COPD Achievements: • Patient experience • Smoking quit rates; diagnosis of COPD **Challenges:** • A&E attendances for under 19s and at MIU/WIC • Breastfeeding • Flu vaccine uptake for at-risk groups • MMR uptake at 5 years • Diagnosis of dementia and stroke/TIA • **Breast screening coverage** • Cholesterol ≤ 5mmol/l for patients with PAD Significantly high referral rates (top 3): • Paediatrics, General surgery, Cancer two-week wait

Source: General Practice Profile 2013; GP Network Comparison

Appendix 4

Equality Analysis Screening Form

Date of Assessment	21st October 2014
Assessor Name & Job Title	Suzett Polson
Name of the strategy / policy / proposal / service function	Draft Cancer strategy- 'Better outcomes for people with Cancer in Croydon: Croydon CCG's five year strategy'
Aim/Purpose of Policy	The aim of the Cancer strategy is to translate the key national and London cancer priorities as a framework that underpins a strategic response that meaningfully meets the needs of the people of Croydon. The highest context for this strategy is to improve survivorship for cancer patients as survival rates are adversely affected if not detected at an early stage. In Croydon and across the country there are too many people still being diagnosed via an emergency. Thus prevention screening and early diagnosis are key to addressing this issue and meeting the CCG's vision 'for all the people of Croydon to live longer, healthier lives'. Raising awareness about cancer and related issues in Croydon and addressing variations and inequalities in service delivery across primary and secondary care are key features within the strategy which will prioritise breast, lung and colorectal cancers in line with the national strategy. These types of cancers account for over half of newly diagnosed cases of cancer in England every year.

1. Do you consider the strategy / policy / proposal / service function to have an **adverse equality impact** / **health inequality impact** on any of the protected groups*? Write either 'yes' or 'no' next to the appropriate group(s).

**As defined by the Equality Act 2010*

Protected Group	**Yes or No**	**Protected Group**	**Yes or No**	**Protected Group**	**Yes or No**
Age	No	Pregnancy/Maternity	No	Marriage/Civil Partnership (employment matters)	N/A
Disability	No	Race	No		
Gender	No	Religion/Belief	No		
Gender Reassignment	No	Sexual Orientation	No		

2. If you answered ‘yes’ to any of the above, give your reasons why.

3. Marriage/civil partnership – there is no known impact on this particular group. .

4. If you answered ‘no’ to any of the above, give your reasons why.

Evidence from the national (Improving Outcomes: A Strategy for Cancer) and London (Commissioning Strategy for London 2014/15-2019/20) strategies highlight that inequalities exist across the patient journey in relation to these groups. For example, initiatives to improve intervention rates for people over 70 who have a cancer diagnosis have been progressed as well as work with BME charities to understand the underlying reasons for the poorer patient experience amongst the BME community. Variations in care also links closely to inequalities that people experience across the patient pathway. More work needs to be done to understand how these issues relate to Croydon. The strategy will actively engage with patients and the public as well as key stakeholders across the borough to identify appropriate and meaningful action to redress this imbalance.

5. Please indicate if a Full Equality Analysis is recommended.		NO	**YES***
Signature of Lead or Director	Date completed		
Signature of Equality and Diversity Lead	Date reviewed		